

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** FLORIDA STATE UNIVERSITY

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** TALLAHASSEE, FLORIDA 32306

**Name of Agent Designated to Receive Notification of Claimed Infringement:** MICHELE CECI

**Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):** INSPECTOR GENERAL, SUITE 407 WESTLOTT, FLORIDA STATE UNIVERSITY  
TALLAHASSEE FLORIDA 32306

**Telephone Number of Designated Agent:** (850) 644-6031

**Facsimile Number of Designated Agent:** (850) 644-2571

**Email Address of Designated Agent:** mceci@Admin.FSU.EDU

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_

**Date:** 12/28/98

**Typed or Printed Name and Title:** Michele E. Ceci, CPA  
Inspector General

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

1. Needs a \$20.00 check

12/23/98

2. Send it to

Copyright GC/I+R

Fed. I.O.

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